FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE	FORM DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 01/2001)	REPORT
IMPORTANT: Indicate type of committee you are reporting for:	For Office Use O	1397
(1) Statewide Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee	Indexed >	
(8)Support State of Candidates	Computer	
CANDIDATE COMMITTEES ONLY: Candidate Name Political Party		
Jim Lykan Democrat		
Office Sought District (if Senate of House) State Representative 85th		- 6 P
Barbara Bykan (563)391-1919 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	7-	- <u> 5 70</u> BIGNE SS
Routine Penalties Due For Late Filed Reports Range from	\$20 to \$800	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:		
I AM FILING A JULY 19, 2010 REPORT FOR AN/A (1) ELECTIO (report date)		TION YEAR.
(,	Committees, enter	Date of Election
	y & Local Committe Election is held	es, enter County in
STATEMENT OF CASH ON HAND		•
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	s 11,90	5.84
ADD TOTAL MONEY TAKEN IN THIS PERIOD	2.11	σ_{Λ} $\Lambda\Lambda$
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		70.00
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Committees Only) SUB-TOTAL	s 14,3 8,6	75.84
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	01	20 00
		4.7. 10
Schedule F: Loan Repayments total (Attach Schedule F)		· • • •
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	s <u>57</u>	48.14
**UNPAID BILLS (From Schedule D - Attach Schedule D)		
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	.\$ <u>/0.</u>	00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
CANDIDATE COMMITTEES ONLY:		,
CONSULTANT BREAKDOWN (Schedule G Attached?)	Y	ES NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	5	

	,	****	1	JUJ.	1	1
	ONS - MONEY TAP			A (Rev. 06/9	1	ETARY CEIPTS
(Includin	g candidate's personal fun	ds)			CHECK THIS	BOX IF
		as on Statement of Organization)			MENDING F	FORM
Frien	ds of -	Tim Lykan		· · · · · · · · · · · · · · · · · · ·		
STATE CANDIDA' NUMBER AND THE DISCLOSURE BOA	PAC CHECK NUMBER IN T	BUTTON IS RECEIVED FROM A STATE PAC (POLITICAL ACTION CO THE DESIGNATED COLUMN, A LIST OF 1D NUMBERS IS AVAILABLE	OMMITTEE), L E FROM THE	IST THE PAC IOWA ETHIC	C IDENTIFICAT CS AND CAMP	TION PAIGN
CAUTION: Section of any commercial	tion 68B.32A(6), lowa C cial purpose by any pers	ode, prohibits the use of information copied from reports a on other than statutory political committees.	ind stateme	nts for soli	citing contrib	outions or
DATE RECEIVED (MWDD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIO TO CANI (if appli	DIDATE*	AMOUNT RECEIVED	
5/1/10	ID# 6/07 CK# 3709	QWEST IPAC 925 High St. 959 Des Moires, Ia 50309			3 00.00	0
5/24/10	ID# CK#	Sue Frenbgen 1033 Kirkwood Blud. Davenport, Ia 52803			50.0	0
5/29/10	ID# 6058 CK# 4686	Town Chiro Practic Society 100 East Grand Avenue Suited No. Maires Ta 50309	\$6	ï	100.00	2

7/10/10 CK# 5794 tor Effective government 340

Tacquelyn Wilcox

217 S. Cadda Rd.

Long grove, Ta 52756

The St Hill

K# 4823 Wisconsin

ID#

CK#

ID#

CK#

20.00

25.00

400.00

F. Larry Barrett 104 Kimberly Rd. Unit 200 Bettendorf, Ia 52722

SUB-TOTAL

TOTAL (if last page of this schedule)

\$/635.00

Page _____ of ______

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surmame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

	un 411 4111		!	ΔΔ	MONETA	pv
CONTRIBUTIONS - MON				(Rev. 06/97)	1	
(Including candidate's p	be same as on Star	Lykam		AM	HECK THIS BO	RM
NUMBER AND THE PAC CHECK NO DISCLOSURE BOARD. CAUTION: Section 688.32A(UMBER IN THE DESIGN 8), Jowa Code, prohi	RECEIVED FROM A STATE PAC (POLITICAL ACTI NATED COLUMN: A LIST OF ID NUMBERS IS AVA ibits the use of information copied from rep than statutory political committees.	AILABLE FROM THE	E IOVAN ET MIÇO		
DATE PAC ID NU RECEIVED (If applic (MM/DD/YR) AND PAC NUMB	able) CHECK	AME AND ADDRESS OF CONTRIBUTOR	RELATION TO CAN (if appl		AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
7/12/ ID#	Max 270	y K. Sins	د د	\$	300.00	

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
7/1/3/10	ID# CK#	Mary K. Sins 2708 29th St Bettendarf Ta 52722		300.00	
7/13/10	ID# CK#	Jeffrey D. Goldstein 2117 State St. Bettendorf, Ia 52722		500.00	
7/13/10	ID# CK#	Kenneth V. Dahl III 21740 282nd Ave. Leclaire Ta 52753	· ·	50.W	
7/13/10	ID# CK#	K. Vinje Dahl Jr. Po. Box 3548 Dovensort Ta 52808		50.00	
7/14/10	ID# .	Patricia Keir 1599 Deerwood Dr. Beffendert, Fa 52722		35,00	
	ID# CK#				

SUB-TOTAL

TOTAL (if last page of this schedule)

\$2,470,00

Page _____ of ____

[&]quot;Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHEC	CK THIS BOX IF

AMENDING FORM

	COMMITTEE	NAME (Must be :	same as on Statement of Organization)			
	Frie	ends of	Jim LyKam			
	DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURP (DESCRIBE TR		AMOUNT EXPENDED
	5/ 1	ID# CK#/599	Jim Lykan 2906 W. 35th St. Davenport Ta 52806	Reimbursed 340 miles @ Funevaiser De	504 M/e	\$ 170.00
*	5/ /10	ID# CK#/600	Truman Fund 5661 Fleur Dr. Des Moines, Ia 50321	Contrib	ution	5,000.00
	5/15/10	ID# CK#/60/	Postmaster 4018 Marguette St. Davengort Ia 52806	Mail Can sa	ips and	28.32
	4/10	ID# CK#/602	Jim Lykam 2906 W. 354 St. Daverport, Ia 52806	Reinburser Copies, N Des Moin	2 folders, ail letter cs	9.55
	6/1/10	ID# CK#/603	U.S. Cellular Dept. 0203 Palatine, Il 60055-4	Monthly phone	bill	52.15
	6/10/10	ID# CK#/604	Jim Ly Kam 2906 W. 35th st. Davensort Ta 52806	Reinbursed 330 miles @	l mileage 504 mile Des Moines.	165.00
	6/ /0	ID# CK#/6 05	Quad City Press 1325 15th St. Moline, Il 61265	Broch		993.53
	7/1/10	ID# CK#/606	House Trumin Fund 5661 Fleur Dr. Des Moines Ia 50321	Contri	bution	2,000.00
-					SUBTOTAL	000 11 100

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page _____of __2

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDUL B	MONETARY
1	ECK THIS BOX IF

COMMITTEE	NAME (Must be s	same as on Statement of Organization)		
Frien	eds of	Jim Lykan		AMOUNT
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	EXPENDED
7/2/10	CK# /607	U.S. Cellular Dest. 0203 Palatine, Il 60055	Thorebill	\$ 52.15
7/2/10	CK# /608	Scott Country Democratic P.O. Box 2009 Party Davenport Ta 52869	Contribution Stamp 5	25.00
7/1/0	ID# CK# /609	Postingster 4018 Rarquette S. Daverport, Ia 52806	Stamp 5	132.00
	ID# CK#			
	ID#			
	ID#			
	ID#			
	ID# CK#			
			SUB-TOTAL TOTAL (if last page of this schedule)	\$209.15 \$8,629.70

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page _ d of _ d

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-UH	INSTRUCTIONS.	SEE	3ACK	OF.	FORM

The state of the s	SCHEDULE	
OMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 06/97)	IN KIND CONTRIBUTIONS
Friends of Jim LyKam		(THIS BOX IF DING FORM

DATE RECEIVED	NAME AND ADDRESS	RELATIONSHIP	DESCRIPTION	ESTIMATED	√ IF FOR
(MM/DD/YR)	OF CONTRIBUTOR	TO CANDIDATE * (if applicable)	OF IN KIND CONTRIBUTION	FAIR MARKET VALUE	FUND-RAISER CONTRIBUTION
7/12/10	ISEA PAL -> 177 3rd Street Des Moines, Fa 50309	PAC no. 6086	Member list	10.00	
	·				
	·			·	
		20.4.0002			
		<u> </u>	SUB-TOTAL	\$10.00 \$10.00	
			TOTAL (if last page of this schedule)	10.00	

schedule)

Page _____ of ____

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.